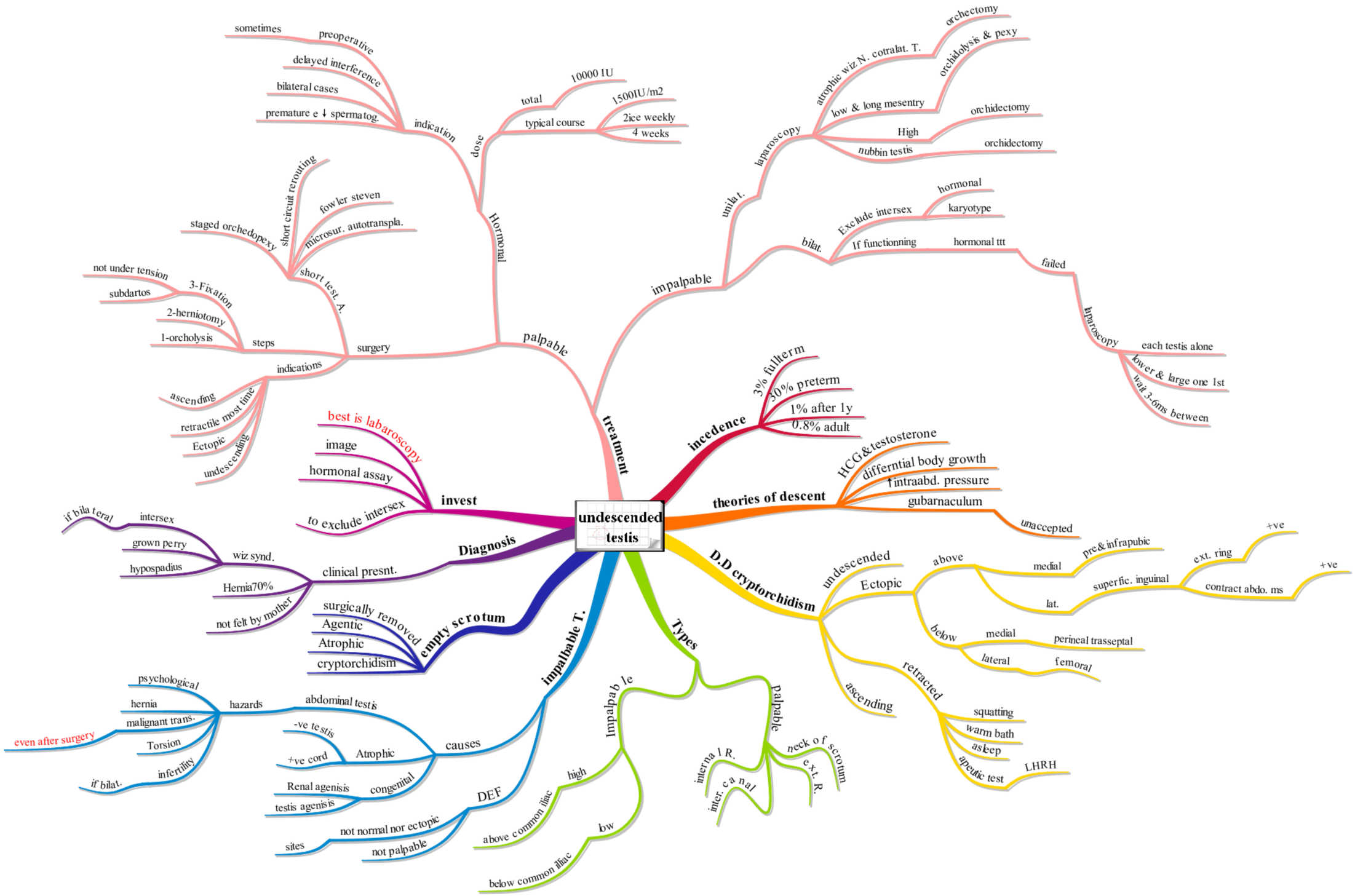

undescended testis
treatment
palpable
Hormonal
dose
total
10000 IU
typical course
1500IU/m2
2ice weekly
4 weeks
indication
sometimes
preoperative
delayed interference
bilateral cases
premature e ↓ spermatog.
surgery
short test. A.
short circuit rerouting
fowler steven
microsur. autotranspla.
staged orchedopexy
steps
3-Fixation
not under tension
subdartos
2-herniotomy
1-orcholysis
indications
ascending
retractile most time
Ectopic
undescending
impalpable
unilat.
laparoscopy
atrophic wiz N. cotralat. T.
orchectomy
orchidolysis & pexy
low & long mesentry
High
orchidectomy
nubbin testis
orchidectomy
bilat.
Exclude intersex
hormonal
karyotype
If functionning
hormonal ttt
failed
laparoscopy
each testis alone
lower & large one 1st
wait 3-6ms between
incedence
3% fullterm
30% preterm
1% after 1y
0.8% adult
theories of descent
HCG&testosterone
differntial body growth
↑intraabd. pressure
gubarnaculum
unaccepted
D.D cryptorchidism
undescended
Ectopic
above
medial
pre&infrapubic
lat.
superfic. inguinal
ext. ring
+ve
contract abdo. ms
+ve
below
medial
perineal trasseptal
lateral
femoral
ascending
retracted
squatting
warm bath
asleep
apeutic test
LHRH
Types
palpable
neck of scrotum
ext. R.
internal R.
inter. canal
Impalpable
high
above common iliac
low
below common iliac
DEF
not normal nor ectopic
not palpable
sites
impalbable T.
causes
Atrophic
-ve testis
+ve cord
congenital
Renal agenisis
testis agenisis
abdominal testis
hazards
psychological
hernia
malignant trans.
Torsion
infertility
if bilat.
even after surgery
Diagnosis
clinical presnt.
wiz synd.
intersex
grown perry
hypospadius
Hernia70%
not felt by mother
if bilateral
empty scrotum
surgically removed
Agentic
Atrophic
cryptorchidism
invest
best is labaroscopy
image
hormonal assay
to exclude intersex